



EVERY TEXAN

Formerly Center for Public Policy Priorities

October 16, 2020

House Committee on Public Health
Texas House of Representatives

via email to PublicHealth@house.texas.gov

RE: Information responsive to Charge #2, Healthy Texas Women Section 1115 Demonstration Waiver

Dear Chairwoman Thompson and Members of the Committee:

Every Texan (formerly Center for Public Policy Priorities), appreciates the opportunity to submit information in response to your RFI **regarding the Healthy Texas Women Section 1115 Demonstration Waiver:**

Interim Charge 2: Review how Texas is preparing for state and federal budgetary changes that impact the state's health programs, including: ... the Healthy Texas Women Section 1115 Demonstration Waiver.

At Every Texan, we envision a Texas where people of all backgrounds can contribute to and share in the prosperity of our state. Texas faces long-standing challenges to optimal health, including the nation's highest uninsured rates, and steep financial and systemic barriers for those who have insurance. We work to improve public policies to make affordable, comprehensive care a reality for every Texan.

I. Texas women's health programs cover critical, but very limited services

Healthy Texas Women (HTW) and the Family Planning Program (FPP) provide access to limited yet vital health care services that help Texans plan the timing and size of their families, including contraception and well-woman exams. HTW also provides limited treatment for hypertension, high cholesterol, and diabetes in a primary health care setting (not through specialists) and, for postpartum women only, provides limited benefits for postpartum depression, cardiology, and substance use disorder treatment.

Texas' family planning programs help increase economic and social opportunity for women, improve health outcomes for women and babies, and save money for the state. **These programs are not, however, a substitute for full health coverage for low-income women, such as through Medicaid expansion.** Unlike Medicaid and other comprehensive health insurance, Texas' family planning programs do not cover many services women need to stay healthy, like cancer treatment, hospitalization, emergency services, medications for most medical conditions, and much more.

II. Barriers to enrollment planned under the new waiver

As part of the new federal waiver, Texas Health and Human Services is planning to end two current HTW policies that streamline enrollment and reduce burdens on women, clinic staff, and state eligibility workers:

- Ending adjunctive eligibility. Since implementation of HTW's precursor program in 2007, Texas has used adjunctive eligibility to accurately confirm income eligibility by checking enrollment in other state-administered, means-tested programs instead of requiring income documentation from applicants.
- Ending auto-enrollment of new moms transitioning off of Medicaid for Pregnant Women 60-days after childbirth. This process was included in the design and launch of HTW in 2016 and is part of the reason HTW enrollment has been increasing since then. In fact, in 2019, more than 83,000 new mothers were auto-enrolled into HTW, which represents 30% of HTW's total 2019 enrollment.¹ Texas HHS plans to replace auto-enrollment with its problematic administrative renewal process.

Ending these two successful strategies to streamline enrollment seems certain to lead to a decrease in enrollment in HTW, which could increase state costs in two ways:

1. Reduced access to effective contraception leads to increases in unintended pregnancies and associated Medicaid spending, and
2. When clinics that contract with HHS in the Family Planning Program are unsuccessful at enrolling an applicant into HTW, they often charge the services to FPP instead. Any barriers to HTW enrollment will decrease HTW services that generally get a 90% federal match, and increase FPP services, which are fully GR-funded. FPP services are consistently in high demand and program funds routinely run out before the end of the funding cycle. We urge you to guard against any policies that would more quickly deplete critical FPP funding.

On top of increasing costs, ending auto-enrollment of new moms will undermine the goal of Senate Bill 750 from last session, which added limited postpartum benefits to HTW, called HTW Plus. Please see Every Texan's Charge 1 submission for more information on how making it harder for new moms to enroll in HTW will disrupt continuity of care and render SB 750/HTW Plus far less effective.

HHS should immediately take three steps to mitigate the elimination of these policies, to help maintain program enrollment and maximize savings to the state:

1. **Fix the administrative renewal process before ending auto-enrollment**, so that more new moms can transition to HTW without having to submit documentation to the state on a tight timeline. Needed fixes include allowing the use of Texas Workforce Commission (TWC) wage

¹ Texas Health and Human Services. Women's Health Programs Saving and Performance Report Fiscal Year 2019. May 2020, <https://hhs.texas.gov/reports/2020/05/texas-womens-health-programs-report-fiscal-year-2019>.

data from the most recent two quarters. Current system design allows the use of TWC quarterly wage data in only four months of the year. HHS should also end the redundant step of checking New Hire reports at renewal, since they are already checked monthly.

2. **Allow the use of post-enrollment verification** for *both* applicants seeking family planning services (who have access to traditional HTW benefits) and new moms transitioning from Medicaid (who can also access HTW Plus benefits). This policy would allow a woman to submit pay stubs or other required verification during a temporary, 90-day window after she is enrolled. Texas already uses post-enrollment verification in Texas Medicaid for Pregnant Women, and it does not require a waiver from CMS.
3. **Immediately request a waiver amendment to continue using adjunctive eligibility.** CMS allows adjunctive eligibility for certain MAGI-based eligibility groups. For example, CMS allows “express lane eligibility” for children’s Medicaid when they are enrolled in SNAP or WIC.

For more detailed information on proposed program barriers to enrollment and available solutions, we point you to comments submitted by the Texas Women’s Healthcare Coalition.

III. Progress on avoiding budget cuts to women’s health services, but harms remain

Over the last few sessions, the Texas Legislature has increased its investment in the state’s women’s health programs, which has helped to rebuild the state’s family planning network and increase the number of women served. It also saves General Revenue (GR). Together, in 2019 HTW and FPP generated a net GR *savings* to the state of \$19.6 million.² Texas sought and recently received an 1115 waiver to get a 90/10 federal Medicaid match for HTW services – the same federal matching rate available for Medicaid expansion. With the enhanced federal match, net savings to GR will increase moving forward.

We applaud legislators’ efforts that took direct cuts to HTW and FPP off of the table after state leadership directed agencies to make budget cuts in the current biennium totaling 5%. HHS’ revised proposal continues to call for reduced or delayed hiring of 742 eligibility and enrollment staff positions. As the agency notes, these cuts will harm clients by causing delays in enrollment into HTW, including by new moms, and other essential programs. Cuts to health care programs are harmful at any time, but would be particularly harmful now in the middle of a pandemic and as the state’s worst-in-the-nation uninsured rate climbs even higher.

IV. Protect and Invest in the Family Planning Program

We urge legislators to address the unmet funding needs in the Family Planning Program, a cornerstone of Texas’ women’s health safety net. FPP is a critical program for Texans who do not qualify for health coverage options or Healthy Texas Women. Based on the number of Texans served in the Family

² Ibid.

Planning Program in fiscal year 2019 alone, FPP will save the state \$42.9 million in general revenue, with a net savings of \$6.6 million in GR after program costs.

According to a recent report from the Postpartum Access to Healthcare (PATH) Project, one of the biggest barriers restricting access to care in our state family planning programs is limited funding for the Family Planning Program.³ Both state data and reports from family planning providers indicate that Family Planning Program funds are in high demand and are routinely expended well before the end of the fiscal year. The HTW 1115 waiver will reduce GR needed by in that program (because federal matching funds will replace state GR). Legislators should reinvest some of that savings to supplement funding in the Family Planning Program.

Thank you for studying how the new Healthy Texas Women Medicaid waiver will affect access to critical women's health services in the state. We stand ready to help as you consider legislative options to ensure that every Texan has access to affordable and comprehensive health care.

Sincerely,

A handwritten signature in black ink that reads "Stacey Pogue". The signature is fluid and cursive, with the first name "Stacey" and last name "Pogue" clearly legible.

Stacey Pogue
Senior Policy Analyst, Every Texan

³ Nehme E, Patel D, Cortez D, Gulbas L, Lakey D. (2020), "Increasing Access to Healthcare Coverage for Uninsured, Postpartum Women in Texas: A Report from the Postpartum Access to Healthcare (PATH) Project." Austin, TX: The University of Texas System/Texas Collaborative for Healthy Mothers and Babies, <https://static1.squarespace.com/static/595a4df159cc68d0978dfb9e/t/5ed6ac0c1e04677c30183e03/1591127056689/TCHMBPATH-report-May2020.pdf>